FILLING OUT THE W-9 FORM FOR YOUR GRANT

\sum	<u>LEGAL NAME</u> - THIS IS A REQUIRED FIELD AND MUST BE ENTERED Enter the legal name as registered with the Internal Revenue Service. The legal name is the rightful owner of the Taxpayer Identification Number (TIN).
	If your fire organization was created by and is owned by your municipality, then use your owner municipality name. Example: City of Madison
	If your organization is not owned by a municipality, then use the legal name of your fire organization. Example: ABC Fire Department
	TRADE NAME - Enter TRADE NAME <i>only if different from the</i> LEGAL NAME entered above. Enter the name that you want the reimbursement check payable to. In other words, this should be the name of the entity that will be cashing your reimbursement check. It will be either the municipality name or the fire organization's name or perhaps a combination of both, for example, City of Madison Fire Department. <i>Do not enter your fire chief's name</i> .
	REMIT ADDRESS - Enter the address where you want the check to be mailed. Since we strive for consistency from year to year, provide the fire organization's mailing address or the address of the municipality, whichever is applicable. Avoid using the fire organization's authorized representative's home address. Authorized representatives and home addresses change often.
	<u>ORDER ADDRESS</u> - DON'T COMPLETE THIS SECTION. This information is not applicable to you.
	PRIMARY ADDRESS - DON'T COMPLETE THIS SECTION. This information is not applicable to you.
\sum	ENTITY DESIGNATION - THIS IS A REQUIRED FIELD AND MUST BE ENTERED Check one box that describes your type of business.
	TAXPAYER IDENTIFCATION NUMBER (TIN) - THIS IS A REQUIRED FIELD AND MUST BE ENTERED. LIST ONLY ONE NUMBER. Enter either your fire organization's TIN number or your municipality's TIN number depending on which number you operate under. This TIN number belongs to the LEGAL NAME shown above.
	■ Check the "Employer Identification Number (EIN)" box.
\sum	<u>CERTIFICATION</u> - Complete the form by reading the certification, print your name, print your title, enter telephone number, sign and date.
	FOR AGENCY USE ONLY - DON'T COMPLETE THIS SECTION.